

EXHIBIT 1

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT RECORDS

TO:

RE: Richard D. Katz
Social security No.
Date of Birth:

I, **RICHARD D. KATZ**, Social Security Number
d/o/b _____, hereby authorize and direct the
Custodian of Record or employee(s) of the above named company or
workplace to furnish to Neil J. Hamburg, Esquire, and/or Michael
E. Sacks, Esquire, Hamburg & Golden, P.C., 1601 Market Street,
Suite 3310, Philadelphia, PA 19103-1443, at any time, upon
their request, copies of any and all employment records,
personnel files, performance evaluations, dates of employment,
awards, honors earned, disciplinary violations or other
disciplinary actions or complaints, relating to me, with the
further privilege of personal examination of such records, and
to answer questions about and/or testify regarding me.

A COPY OF THIS AUTHORIZATION IS VALID AS THE ORIGINAL.

RICHARD D. KATZ

Dated: _____

AUTHORIZATION FOR THE RELEASE OF EDUCATIONAL RECORDS

TO:

RE: Richard D. Katz
Social security No.
Date of Birth:

I, **RICHARD D. KATZ**, Social Security Number
d/o/b _____ hereby authorize and direct the
Custodian of Record or employee(s) of the above named
educational institution to furnish to Neil J. Hamburg, Esquire,
and/or Michael E. Sacks, Esquire, Hamburg & Golden, P.C., 1601
Market Street, Suite 3310, Philadelphia, PA 19103-1443, at any
time, upon their request, copies of any and all educational
records, transcripts, records of academic performance, dates of
attendance, courses of study, disability accommodations, awards,
honors earned, disciplinary violations, and any academic
integrity or other disciplinary actions or complaints, relating
to me, with the further privilege of personal examination of
such records, and to answer questions about and/or testify
regarding me.

A COPY OF THIS AUTHORIZATION IS VALID AS THE ORIGINAL.

RICHARD D. KATZ

Dated: _____

**AUTHORIZATION FOR THE RELEASE OF
MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL RECORDS**

TO:

RE: Richard D. Katz
Social security No.
Date of Birth:

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations, 45 CFR §164.508, the above-named healthcare provider is hereby authorized to release to Neil J. Hamburg, Esquire and/or Michael E. Sacks, Esquire, of Hamburg & Golden, P.C., 1601 Market Street, Suite 3310, Philadelphia, PA 19103-1443, or any of their representatives, all medical, psychological and/or psychiatric records, including but not limited to diagnoses, test results, intake notes, progress notes, discharge summaries, inpatient and out-patient records, mental health, psychiatric and psychotherapy notes concerning any treatment that **RICHARD D. KATZ**, Social Security Number _____, d/o/b _____ has received from you or at your institution, for the testing for or treatment of any psychological or psychiatric condition. **A photostatic copy hereof shall be as valid as the original authorization.** The cost of producing the requested records is to be charged to Hamburg & Golden, P.C.

The purpose of this authorization and request is to obtain medical/psychiatric/psychological records pertaining to Richard D. Katz's mental and/or psychological condition, which may be relevant as it pertains to certain litigation. Disclosure would be only to the judge, attorneys, parties and witnesses in a civil action brought by Mr. Katz, and will not be divulged to other persons. **This authorization expires December 31, 2016.** The aforementioned expiration date has not passed.

Richard D. Katz has the right to revoke this authorization in writing by providing a signed, written notice of revocation to the above-named healthcare provider and to Hamburg & Golden, P.C.

The above-named healthcare provider may not condition treatment or payment on whether the above-listed patient executes this authorization. The information disclosed pursuant

to this authorization may be subject to re-disclosure and no longer protected by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

A COPY OF THIS AUTHORIZATION IS VALID AS THE ORIGINAL.

RICHARD D. KATZ

Date: _____

Social Security Number: _____

Date of Birth: _____